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ABSTRACT

Six workshops for nurse educators and school nurses were conducted to build consensus between the two groups and thereby enable both groups to work together to improve nursing education programs' ability to prepare graduates for practice as school nurses. Sixty-two school nurses and 69 nurse educators from 14 southern states attended the workshops. The participants recognized that many factors, including location of the service and models of practice, influence school nursing. The workshop discussions reflected a high level of commitment to school health services and the benefit of networking opportunities within states and across state boundaries. The following major categories of tasks that school nurses should be able to accomplish were identified: collecting and managing data; developing plans for action; implementing the plans; evaluating the results; and seeking opportunities for professional development. A series of curriculum guidelines were formulated, and existing and proposed collaborative arrangements between school nurses and nurse educators were reviewed. (Appendixes constituting nearly 70% of this document contain the following items: examples of expected competencies of school nurses; a blueprint for school nurse competencies in a nursing curriculum; examples of collaborative arrangements; and a roster of workshop participants.) (MN)

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SREB

Eula Aiken

Curriculum and Faculty Development in Community-based Care: School Nurses and Nurse Educators Collaborate

A regional project supported with a grant from the Helene Fuld Health Trust, HSBC Bank USA, Trustee, to the Southern Regional Education Board

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Curriculum and Faculty Development in Community-based Care: School Nurses and Nurse Educators Collaborate

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We gratefully acknowledge the financial support of the Helene Fuld Health Trust, HSBC Bank USA, Trustee, and salute the school nurses and nurse educators who participated in six workshops and a regional conference. The six workshop coordinators — Carol Gordon Cox, M.P.H. (East Carolina University, Greenville, N.C.); Sonda Oppewal, Ph.D. (East Tennessee State University, Johnson City); Marilyn Parker, Ph.D. (Florida Atlantic University, Boca Raton); Genie Wessel, M.S. (University of Maryland, Baltimore); Gwen Sherwood, Ph.D. (University of Texas–Houston Health Science Center); and Julie Novak, D.N.Sc. (University of Virginia, Charlottesville) — deserve high commendations for their contributions to this regional effort.

Introduction

The Southern Regional Education Board, the nation's oldest interstate compact for education, received an award from the Helene Fuld Health Trust, HSBC Bank USA, Trustee, to conduct workshops for nurse educators and school nurses. The grant supported continuing education activities that

were consistent with the SREB focus on getting children ready for school and with the SREB Council on Collegiate Education for Nursing school health initiative.

The SREB Council on Collegiate Education for Nursing recognized the need to increase the capacity of nursing education programs in the 16 SREB member states[1] and the District of Columbia to prepare graduates for practice as school nurses. Its 1994 initiative on school health became the impetus for a regional project. The council's ad hoc committee for the school health initiative said that partnerships between nurse educators and school nurses could ensure that baccalaureate graduates would be well-prepared for entry-level positions as school nurses. The 1998 award by the Helene Fuld Health Trust, HSBC Bank USA, Trustee, enabled the council to move forward with its initiative.

After the grant award was announced, an advisory group — members of the council's ad hoc committee on school health, a state school nurse consultant, and a representative from the National Association for School Nurses — developed the master plan for six workshops.[2] The *Standards of Professional School Nursing Practice* (1998), approved by the National Association of School Nurses, provided a framework for discussing the professional expectations of school nurses. Competencies — developed by Carol Cox, M.P.H. (East Carolina University) — for school health specialitsts in Pitt County, N.C., offered a starting point for consensus-building. The decision to target the workshops to faculty in baccalaureate and higher degree programs was consistent with the National Association of School Nurses' recommended academic requirements for school nurses.

The remainder of this report summarizes the results of the six workshops — the activities and the consensus-building related to expected competencies and curriculum guidelines.

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1 The states are Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

2 Participants were Virginia Adams, Ph.D. (University of North Carolina at Wilmington), Carol Cox, M.P.H. (East Carolina University), Nina Fredland, Ph.D. (Texas Woman's University), Marilyn Marcontel, M.A. (National Association of School Nurses), Julie Novak, D.N.Sc. (University of Virginia), Sonda Oppewal, Ph.D. (East Tennessee State University), Marilyn Parker, Ph.D. (Florida Atlantic University), Rachel Piche, M.S.N. (North Carolina DEHNR Division of Maternal Health), Gwen Sherwood, Ph.D. (University of Texas Health Science Center at Houston), Vicki Taliaferro, M.S.N. (Maryland State Department of Education), Ralph Vogel, Ph.D. (University of Arkansas for Medical Sciences), Genie Wessel, M.S. (University of Maryland).

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Synopsis of Activities

Workshops

Host institutions

Six institutions agreed to host workshops for 120 participants: East Carolina University (Greenville, N.C.), East Tennessee State University (Johnson City), Florida Atlantic University (Boca Raton), the University of Maryland (Baltimore), the University of Texas Health Science Center at Houston and the University of Virginia (Charlottesville). The six nurse educators, who were granted release time to conduct the workshops, were involved in local partnerships with school nurses. The experiences of both groups enriched the workshops.

Although a master plan guided workshop activities, the six coordinators customized the learning experiences to demonstrate relevant activities under way in a particular setting. They incorporated site visits, resource materials (books, articles, manuals, software), and local presenters. The two-day format included a description of the host institution's partnerships with school nurses; small group discussions about expected competencies and guidelines; and many opportunities for the group to share ideas and experiences.

Dates and locations

The dates of the six workshops (Table 1) and a proposed agenda were sent throughout the South and posted on the SREB Web site.

Table 1

1999 Workshop Dates and Locations

March 5-6	University of Virginia (Charlottesville)
April 15-16	East Carolina University (Greenville, N.C.)
May 6-7	Florida Atlantic University (Boca Raton)
Aug. 3-4	University of Maryland (Baltimore)
Aug. 5-6	East Tennessee State University (Johnson City)
Sept. 23-24	University of Texas Health Science Center at Houston

Participants

Criteria for selecting teams of educators and school nurses included geographic location; a commitment to establish a partnership consistent with project goals; and release time for the team members to attend a scheduled workshop. Each team described ongoing activities and proposed a plan for collaboration after the workshop.

The workshop participants — 69 nurse educators and 62 school nurses — represented 14 of the 16 SREB states (Table 2). Most of the school nurses were graduates of college-based nursing programs; 20 held master's degrees, and one had a doctorate. Most were engaged in partnerships with their nurse educator teammates. The school nurses' employers included boards of education, boards of health, clinics and hospitals. Nearly all of their teammates taught in baccalaureate and higher degree programs in 44 colleges and universities.

Table 2

Geographic Distribution of Participants

State	School nurses	Nurse educators	Total
Arkansas	6	4	10
Florida	12	21	33
Georgia	4	6	10
Kentucky	1	1	2
Louisiana	4	4	8
Maryland	2	4	6
Mississippi	1	1	2
North Carolina	11	8	19
Oklahoma	1	1	2
South Carolina	1	1	2
Tennessee	4	4	8
Texas	5	3	8
Virginia	8	10	18
West Virginia	2	1	3
Total	**62**	**69**	**131**

Note: The project director and advisory committee members who attended workshops are not included in the totals. The project director attended the workshops at East Carolina University, Florida Atlantic University, the University of Maryland and the University of Texas Health Science Center at Houston. The advisory committee members who attended workshops were Marilyn Marcontel (University of Virginia); Carol Cox and Vicki Taliaferro (University of Maryland); Virginia Adams (East Tennessee State University); and Julie Novak and Nina Fredland (University of Texas Health Science Center at Houston).

Basic assumptions

The following assumptions were basic to workshop activities:

- School nurses need a wide spectrum of skills and knowledge to work with individuals, families, groups and communities — especially in public schools, where education, not health, is the primary purpose. They need to understand health and educational systems.
- Progressive learning experiences — coursework and clinical — throughout nursing education programs must incorporate the right content to ensure that graduates will be well-prepared for practice in school settings.
- School settings — public, private, charter and parochial — are valuable venues for clinical learning experiences.
- School health services reduce youths' health-related absenteeism, eliminate or minimize health problems that impair learning, and help students achieve the highest degree of independent learning.
- Variations in school nurses' educational preparation and different philosophies of school systems add to the diversity and ambiguity of the role of school nurses.
- *Standards of Professional School Nursing Practice* (1998) provides the framework for the professional expectations of nurses who serve children in the nation's schools.

Expected competencies

The participants' consensus about the competencies needed for entry-level positions revealed the wealth and diversity of school nurses' work and educational experiences. Regardless of their diverse backgrounds, the participants all were focused on the goals of school health services: reducing students' health-related absenteeism; eliminating or minimizing health problems that impair learning; and helping schoolchildren to achieve the highest degree of independent functioning.

The participants recognized that many factors — including location of the service (school-linked or school-based) and models of practice — influence school nursing. School nurses face a complex array of problems: sexually transmitted diseases, unplanned pregnancies, substance abuse, child abuse, behavioral disturbances, chronic health problems, learning difficulties, children with special needs. The school nurse works with individuals,

families and communities to coordinate and provide services to schoolchildren, teachers, staff and families.

Discussion at each workshop reflected a high level of interest and commitment to school health services and the benefit of networking opportunities within states and across state boundaries. The discussions resulted in five major categories for what school nurses should be able to do: collecting and managing data; developing plans for action; implementing these plans; evaluating the results; and seeking opportunities for professional development. These reflect a dynamic, ongoing way to identify and solve problems. Appendix A contains examples of competencies described by school nurses in the SREB workshops.

Curriculum guidelines

Throughout nursing education, coursework and clinical learning experiences need to incorporate the right content to make sure that graduates are well-prepared for practice as school nurses. Interactive learning strategies in school health challenge faculty and students. The best way for nurse educators to meet course goals will vary depending on the content, students' needs and faculty expertise.

The workshop participants recognized the need to enhance the curriculum in several areas: fiscal management, ethics, politics of health, epidemiology and technology. A common theme throughout the workshops was that, in order to get a realistic perspective of school nurses' multifaceted role, students need to have more time with school nurses and clear objectives and expectations.

The transcending values of respect and caring are key components in nursing practice and education. School nurse practice "is grounded in respect for person, family, other groups and communities and guided by an explicit focus of nursing. Nurturing children, promoting their well-being to accomplish their hopes and dreams — including success in school — requires the creative integration of multiple ways of knowing and involves understanding through synthesis of information, within the dynamic context of values and health practices."[4]

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[4] Adapted from the "Florida Atlantic University Community Nursing Model for Practice" (Marilyn Parker, Ph.D., and Charlotte Barry, Ph.D., 1999) and a list of value statements developed during the May 6-7, 1999, workshop.

The educators shared several learning experiences that revealed how some programs prepare undergraduates for entry-level positions as school nurses. Among the "best" clinical experiences for these students were ones in which they actively taught or provided direct care. "Best" experiences included health fairs, case management (follow-up activities), home visits, group education projects, development of individualized health plans (IHPs), follow-up with special-needs children, more time with school nurses, and consistent rotations in a school health clinic for several semesters.

Some of the "worst" experiences reflected poor planning and unclear goals. The nursing students arrived unprepared for the clinical experiences, were assigned to preceptors who were unable to work with them (or did not want to), or were placed in the agencies at the wrong time of the year. The workshop participants agreed that developing appropriate linkages with school nurses and clarifying what is expected both of the students and of the agencies would prevent such "worst" experiences.

Schools (public, private, charter and parochial) are excellent places to introduce theoretical and clinical concepts regarding care of individuals, families and groups. Schools provide varied learning experiences that benefit the schoolchildren, community, faculty and undergraduate nursing students. Nursing students learn to work in multidisciplinary teams, become familiar with community resources, and assume leadership roles in case management and in community health-promotion programs.

The school nurses and nurse educators also determined that faculty need to take on several responsibilities:

- Faculty need to review the *Standards of Professional School Nursing Practice* (approved in 1998 by the National Association of School Nurses) and *The Essentials of Baccalaureate Education* (published in 1998 by the American Association of Colleges of Nursing). Baccalaureate nurse educators nationwide use the latter document to define and modify the nursing curricula. The *Standards of Professional School Nursing Practice* outlines the professional expectations of school nurses. The standards can be used separately or with other relevant laws and statutes in assessing school nursing practice.
- Faculty need to identify when and where content is (or will be) taught to ensure that graduates are prepared for entry-level positions as school nurses. The development of a blueprint would help faculty track all learning experiences throughout the curriculum.

- Faculty need to provide students with hands-on learning experiences in school settings. Through partnerships or a memorandum of agreement, nurse educators and school nurses must establish the guidelines for these clinical experiences. Nurse educators must become familiar with agency policies and procedures; with the administrative structure of the educational system and of the local school; with the school health program; with federal, state and local regulations; and with characteristics of specific schools. Similarly, school nurses need a clear understanding of the nursing education program's philosophy, objectives, course requirements and clinical expectations.

Workshop participants then explored where the defined competencies were (or could be) taught in the nursing curriculum. Examples of how to incorporate these competencies are in Appendix B.

Collaborative arrangements: Existing and proposed

The teams of nurse educators and school nurses submitted plans before the workshops. These plans described ongoing or proposed activities for collaboration after the workshop. Five content categories appeared in 45 plans: characteristics of the local community and nursing program; previous collaborative school-health arrangements; proposed collaborative activities; expected impact of the workshop experience; and specific goals and innovations in school health. The plans represent 72 nursing education programs in 39 Southern colleges and universities.[5]

- Most of the local communities had high poverty rates. Of particular concern were the children living in poverty — their special health problems and exposure to health risks (community violence, gang activities, substance abuse and sexual involvement) — and the large numbers of immigrant children who needed health services.
- Many of the nursing education programs delivered services in schools (such as the administration of school health clinics or centers) and prepared nurses for school health practice. Several respondents noted the need for curriculum change and clarification of the school health component, which often was included in the community-health nursing course.

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5 Included were three associate's degree programs, 34 baccalaureate, 26 master's and nine doctoral. Some institutions offered more than one type program.

- Nearly half of the teams had worked together on projects to establish programs for schoolchildren. They had sought grants, conducted health assessments or planned school clinics or a local school service.
- The teams expected that participating in the workshops would help them refine existing plans, develop plans, clarify perspectives about school health nursing and identify strategies to increase joint activities between nursing educators and school nurses.
- The teams had a common goal: to ensure quality care for schoolchildren.
- The plans documented several needs: continuing education programs; clarification of the roles of faculty, school nurses and students; development of strong relationships between school nurses and nurse educators; and increased familiarity with school health models.

Appendix C contains examples of ongoing and developing partnerships between nurse educators and school nurses.

Regional conference

The regional conference April 13-15, 2000, in Atlanta ended the formal activities of the project period. "Educating Nurses for a Preferred Future in School Health" was the theme of the conference. Nearly 100 nurse educators and school nurses attended. The speakers shared information about the consensus-building process in the workshops dealing with the expected competencies of school nurses and curriculum guidelines for nurse educators. Other features of the conference included a session on legal issues, a poster presentation and a "minute-at-the-mike" session.

The keynote speaker for the conference was Judith B. Igoe, M.S., FAAN (University of Colorado), who is known internationally for her research and scholarly activities in school health. In the opening presentation, "Moving From the Practice of School Nursing to the Business Side of the Equation: A Preferred Future in School Health," Igoe examined some of the trends in school health and their implications for school nurses in the 21st century and distributed an extensive bibliography. Her presentation illuminated several issues facing school nurses: risk management; accreditation; delegation and supervision; and other groups' entry into school health services.

The endnote speech by Gwen Sherwood, Ph.D. (University of Texas Health Science Center at Houston), challenged the participants to "think outside the box" in facing new opportunities in school health practice. She

suggested a strategy for "out-of-the-box" thinking: brainstorm a lot of ideas and reframe questions. Sherwood urged participants to "unleash the creativity within" and "to go beyond structure."

Evaluations of the workshops and conference show that project activities were relevant and promoted networking opportunities within states and across state borders. The fact that there was not enough room in the workshops for all of those who wanted to attend also illustrates school nurses' and nurse educators' commitment to working collaboratively to address issues in school health. Several school nurses and nurse educators whose personal or job-related activities prevented them from attending the workshops requested information about future activities.

Conclusions

Collaborative efforts between school nurses and nurse educators to shape clinical learning experiences will help ensure that graduates will be ready for entry-level roles in public schools. This report contains expected competencies and guidelines that can encourage further discussion and adaptation to various settings. School nurses' and nurse educators' work settings are complex, and thus "one size cannot fit all." The examples, however, offer a starting point for discussion of the issues that face school nurses and nurse educators in the 21st century.

The SREB Council on Collegiate Education for Nursing will continue its school health initiative. The following activities will help the council sustain and expand the momentum established during the project: a central listserv for the participants; the inclusion of project documents on the SREB Web site; follow-up assessments of the teams' progress; and a conference in 2001 focused on best-practice models and evidence-based practice in school health.

Creating a shared vision of a healthy community can be a powerful tool for mobilizing partners in education and practice around a common purpose: providing learning experiences that benefit schoolchildren, the community, faculty and undergraduate nursing students. Education and health care are inextricably entwined. Unhealthy children — whether because of undetected vision or hearing defects, hunger, or impairment by drugs or alcohol — will not learn as well in school. Teams of school nurses and nurse educators can create programs to prevent this situation.

Appendix A.
Examples of Expected Competencies of School Nurses

School nurses collect and analyze data.

- Collect aggregate data — characteristics of the population, health statistics, health-related learning needs, and the population's readiness to learn.
- Collect data on individuals and families and develop comprehensive health histories, using age-appropriate interview techniques to get information about:

  Health promotion and management

  Nutrition/metabolism

  Elimination

  Sleep/rest

  Activity/exercise

  Cognitive/perceptual abilities

  Self-perception/self-concept

  Sexuality/reproductive issues — gender identity, sexuality issues, reproductive development

  Stress tolerance — available support systems, evidence of emotional disorders, stressful aspects of family life (situational, maturational, financial), and evidence of physical or emotional abuse

  Values/beliefs — cultural variations (diet, dress, health care) and religious and cultural practices
- Perform a physical assessment and specific tests, using protocols defined by agency policies and federal and state mandates. School nurses may screen students' vision, hearing, posture, skin and scalp, teeth, blood pressure, growth and development.
- Assess the community, school and home for conditions that put students' health at risk.
- Assess students' health based on problems they report.

School nurses develop plans for action.

- Validate the assessment data on individuals, families and groups before planning nursing actions.
- Establish priorities based on assessments.

- Develop a plan to promote health and to reduce risk factors. Examples include individualized educational plans (IEPs), individualized health plans (IHPs), emergency action plans (EAPs), 504 accommodation plans, and collaboration with other providers (physical therapists, occupational therapists, speech pathologists, audiologists, social workers and psychologists).
- Define and create situation-specific ways to measure results.
- Identify resources and establish time frames and criteria to measure results.
- Collaborate with the school system and community to plan health-related activities for groups.
- Use standardized universal language.

School nurses implement the plans for action.

- Teach and counsel students about health.
- Assist families, classes, teachers and community groups, as stated in the plan of action, with required therapies. These may include gastrostomy feeding (Bolus, slow drip or continuous), nasogastric tube feeding, jejunostomy feeding, central venous catheter change, Heparin flush, clean intermittent catheterization, pouch change (colostomy, illeostomy, urostomy), oxygen (cylinder, liquid system, concentrator), tracheostomy (cuffed or cuffless), aspiration, nebulizer treatment, eye flush, medication administration (oral, inhaler, sublingual, subcutaneous, intramuscular), first aid and counseling.
- Delegate responsibility according to stated policies, protocols or regulations.
- Document interventions accurately in a retrievable format.
- Maintain confidentiality within the legal, regulatory and ethical parameters of health and education.
- Provide care that is culturally and ethnically sensitive.
- Help patients obtain resources and services.
- Respect the rights of students and their families in making decisions about health services.
- Understand professional standards of the American Nurses Association (*Code of Ethics*) and the National Association of School Nurses (*Code of Ethics With Interpretative Statement for School Nurses*).
- Adhere to state regulations.
- Base practice on up-to-date knowledge, theory and research.

- Use technology to get up-to-date information and to expand teaching skills.
- Participate in ongoing research activities.
- Assess the economic, legal and political factors that influence the delivery of health care in schools and the community.
- Delegate and supervise — as appropriate — the delivery of care by other approved providers.
- Collaborate with community agencies to reduce duplication of services and to expand resources.
- Coordinate care to meet the health needs of students, their families and vulnerable populations.
- Develop strategies to promote healthy communities.
- Use creative problem-solving techniques.
- Develop community partnerships.
- Use various local, state and national resources.
- Orient other health-care providers, such as health assistants, aides and unlicensed assistive personnel.
- Communicate clearly — in verbal and written forms — with parents, teachers, staff, students and other providers.
- Use various methods and adapt them to students' needs.
- Be sensitive to the impact of nonverbal communication.
- Clarify students' needs and preferences.
- Help students and their families interpret health information.
- Keep communication focused on the facts.
- Provide developmentally appropriate programs to promote health and prevent illness. Programs may deal with topics such as self-protection, safety (playground, sports, classrooms), substance abuse prevention, hygiene, nutrition, teen pregnancy prevention, parenting skills, decision-making, conflict resolution, behavior management and environmental hazards.
- Inform students and parents of available resources and help them access services.
- Understand (and explain to others) the boards and organizations — such as federal and state departments of health and education — that influence the delivery of health services.

School nurses evaluate actions.

- Monitor students' progress toward desired results.
- Check students' health statuses at specified intervals.
- Revise, if warranted, plans of care for students.
- Participate in quality assurance for activities such as the development of policies and procedures.
- Evaluate delivery models for health care.
- Appraise performance through constructive comments from peers, self-assessment and adherence to relevant regulations.

School nurses engage in professional-development activities.

- Interact with peers and multidisciplinary team members through activities such as case conferences that involve nurses and other providers of services; research; and participation in decisions about health-related policies at local and district levels.
- Interact with nurse educators who are engaged in research related to school health.
- Collaborate with multidisciplinary teams in developing research proposals.
- Participate in professional organizations.
- Participate in community organizations that deal with educational issues.
- Articulate clearly the value and role of a school nurse who has a bachelor's degree.
- Develop personal goals for professional development.
- Complete an orientation program to school health.
- Attend relevant continuing-education programs for school health.
- Achieve certification as a school nurse (from the American Nurses Credentialing Center, the National Board for Certification of School Nurses, and the state).

Appendix B.

Blueprint for School Nurse Competencies in a Nursing Curriculum

Essential competencies	Examples of curricular input
Knowledge	
Legal issues	†
Cultural sensitivity	†
Resources (school, community, state, nation)	†
Educational language (such as IEP)	Pediatrics, community health, special lectures
Educational systems (local, county, state)	†
Health-care technologies	†
Primary, secondary, tertiary care interventions	†
Budgets	†
Program planning	Community health
Policy-making	†
Management principles	†
Self-directed learning	†
Grant-writing	Professional issues, community health
Environmental influences on health	†
Standards of professional practice	†
Data management	†
Delegation (to unlicensed personnel)	†
Health education (individuals, groups)	†
Communication skills	
Networking	†
Public relations	†
Interviews	†

† Throughout curriculum

Essential competencies	Examples of curricular input
Communication skills (continued)	
Partnerships (community, schools, agencies)	†
Advocacy roles (parents and children)	†
Marketing skills	Professional issues, community health
Leadership skills	†
Grant-writing	†
Assessment	
Growth and development	Health assessment, pediatrics
Screenings (hearing, vision, etc.)	Pediatric didactic courses
Risk assessment (youths at risk)	Health assessment, community health, pediatrics
Substance abuse	Community health
Environmental	†
Outcome evaluation	†
Program evaluation	Community health
Technical skills	
Physical assessment	†
Medical administration	Health assessment, pediatrics
Procedures (such as catheterizations, CPR, first aid)	†

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† Throughout curriculum

Appendix C.

Examples of Collaborative Arrangements

(Ongoing and Developing)

Arkansas

- Charlotte Patten and Karen Kelley (Harding University); Irene Palacios (Arkansas State Health Department, Area 8); and Christine Schlicker (White County Medical Center) have worked together many times to meet the objectives of the community health course. Students have observed and participated in activities. There is great potential for increasing services to schoolchildren and providing students with learning opportunities in White County, a federally designated rural area of 59,000 people.
- Kelly Vowell Johnson (University of Arkansas) and Frani Pilgrim (Bentonville School District) plan to sustain and expand learning opportunities for nursing students. The Eleanor Mann School of Nursing has a strong relationship with the school nurse, who provides an important link between the classroom and clinical lab experiences in schools. Selected seniors have six-week rotations with Pilgrim.

Florida

- Sandy Lobar (Florida International University) and Karen Pierre (Miami-Dade County Health Department) plan continuing education programs to help school nurses improve health care for schoolchildren within a multicultural community.
- Sheila Marks (Florida Southern College) and Florrie Deaner (Polk County Health Department) will develop a joint program to provide health services to Polk County schools. The first step in the transition is to revise the curriculum for the RN-to-BSN students at Florida Southern College.
- Jean Davis, Myrlande Dubuisson, Shirley Schantz and Jane Hatker (Barry University) and Nancy Humbert (Miami-Dade County Health Department) will explore ways to expand and coordinate the outreach efforts with school nurses.
- Nancy Richiuso (University of Florida) and Karen Theoktisto (Shands Pediatric After-Hours Clinic) provide nursing services at Duval Elementary School in Gainesville. They plan to identify opportunities for baccalaureate students to learn and to help meet schoolchildren's health needs in Alachua County.
- Nova Todd (Florida State University) is developing a Web-based course on the role of the school nurse. This course will be the first of a five-course program to prepare school nurses. She expects her partnership with a school nurse to enrich the program.

- Shirley Gordon (Florida Atlantic University) and Winnie Whidden and Joyce Kenny (Palm Beach County Health Care District) serve on the Palm Beach County Head Lice Task Force, which has published guidelines on detecting and treating head lice. Gordon directs the Head Lice Treatment and Prevention project at the university. That project provides educational programs with research information and develops evidence-based policies and procedures related to head lice issues.
- In addition to her responsibilities as a professor at Florida Atlantic University, M.J. Duthie was the school nurse one day per week in an underserved elementary school. When a full-time nurse was assigned to the school, Duthie's role changed to that of collaborator with the nurse, guidance counselor and teachers. West Palm Beach County School District has hired her to write a book on policies and procedures for school nurses. Duthie will play a key role in redefining the role of the school nurse in West Palm Beach County.
- Laurel W. Boyd (University of West Florida) and Trena Webb (Escambia County Health Department) plan to write a proposal to secure support for a demonstration project related to the expanding role of the school nurse.

Georgia

- Kathleen Pittman (Georgia State University) and Sharon Williams (Martin Luther King Jr. Middle School) helped nursing students create an online exchange on school health that offers schoolchildren, teachers and nursing students access to reliable health resources on the Internet and that gives them the opportunity to consult via a chat room.
- Gloria Jones Taylor (Kennesaw State University) and Rosemary Steinheimer (WellStar Health System-School Health) helped nursing students conduct focus groups to identify high school students' beliefs about eating disorders. Nursing students used these data to design and implement a program on eating disorders to be delivered in local high schools.
- Nancy Morris (Georgia Southwestern State University) and Bonnie Hudgins (Sumter County Elementary and Middle Schools) will redesign clinical experiences for undergraduate students. They also have presented a proposal to develop a comprehensive school-health program in Schley County (a neighboring county) schools.
- Sue E. Odom (Clayton College & State University) and Denise Eady (Griffin/Spalding County Schools) plan to develop and expand the school health program and nursing students' learning opportunities in Griffin County public schools.

Kentucky

- Patricia A. Calico (Midway College) and Libby Watts (Woodford County Board of Education) will organize a school-health advisory board that will include representatives from schools, colleges and the community. They will conduct a health fair — coordinated by the RN-to-BSN students — in one elementary school.

Louisiana

- Lisa Broussard (University of Louisiana at Lafayette) and Kaya P. Sonnier (St. Martinville School Health Center) received external funding for two projects: "Open Airways" and "Obesity Prevention and Treatment."
- Bernice H. Zuluaga, Kathleen Moisiewicz and Jacqueline O. Favret (Louisiana State University Health Center) and Ginny Smith, Theresa Nash and Cassandra Ferrand (Jefferson Parish Public School System) are working with school nurses in the Orleans Parish Public Schools. This affiliation began in 1996, when the Louisiana State University School of Nursing received funds from the Daughters of Charity and the New Orleans District Nurses Association to implement a school health model (coordinated by the Centers for Disease Control and Prevention) in four parochial schools in New Orleans.

Maryland

- Barbara Kellam (Salisbury State University) and Penny Makuchal (Worcester County Public Schools) co-teach an elective in school health at Salisbury State University. They plan to continue their efforts to increase awareness of the important role of school nurses and of the need for the nursing curriculum to include a focus on school health.
- Joan Jordan (Towson University) and Rebecca Colt-Ferguson (Baltimore County Public Schools) will continue their partnership on projects to promote health within a school community. They expect that continued coordination of what nursing students learn in the classroom and what is done in school settings will result in better-prepared, more knowledgeable graduates.

North Carolina

- Kathy Collins (Lenoir-Rhyne College), Shirley McLelland (Alexander County Schools) and Kay Hicks (Burke County Health Department) will work together to expand clinical experiences for students interested in school health.

- Scher Teer (North Carolina Central University) and Margaret Wolfe (Durham County Health Department) plan to illustrate collaborative models for schools of nursing.
- Susan E. Scheuring (University of North Carolina at Wilmington) and Donna U. Rivenbark (Pender County Schools) plan to develop an elective nursing course that would enable nursing students to design projects for schoolchildren.
- Gwennella Quick (North Carolina A&T University) and Charlotte DeGraphenreid (Guildford County Health Department) will use the workshop experience in examining their ongoing collaborative activities in school health and in narrowing the gap between theory and practice.

Oklahoma

- Teresa Smiley (University of Oklahoma) and Jean Hartman (Roosevelt Middle School) will look at the curriculum as it relates to school nursing to make sure that it includes the right knowledge and skills for competent graduates. Both want to incorporate more specific content and learning experiences for students who may become school nurses.

South Carolina

- Cathy Young-Jones (University of South Carolina) and Margie Moore (Richland School District 1) will develop a plan to expand learning opportunities for nursing students. The College of Nursing and Richland School District 1 have formed a partnership to meet schoolchildren's health needs and to introduce senior nursing students to school health.

Tennessee

- Clare Sullivan (Vanderbilt University) and Brenda England (Dickson County Board of Education) coordinate the School-Based Health Program (SBHP) for the School of Nursing. The SBHP gives graduate nursing students and other students in health and human services programs an opportunity to have quality, interdisciplinary learning experiences in unique settings. Sullivan and England will share what they learned at the workshop with the Tennessee Nurses Association's task force on school health and will help to develop continuing education programs among the schools of nursing in Tennessee colleges and universities.
- Mary Kornguth (Tennessee Technological University) and Janice York (Macon County School System) plan to complete a needs assessment and present it to the School Health Advisory Committee. They intend to plan health programs to meet schoolchildren's needs.

- Jennie Walls (East Tennessee State University) and Donna Blevins (Washington County Schools) plan to implement a lice prevention program that will involve residents, physicians and graduate students. They also will consider a request for programs to help school nurses prepare for certification. The ETSU College of Nursing has four nurse-managed, school-based health centers in the Washington County school system.
- Gerri Smith (Union University) and Sharon Wadley (Jackson-Madison County Health Department) will continue the school nurse program that Union University established three years ago in a Madison County school. A faculty member (who is a former school nurse) and nursing students provide care, environmental assessments and parenting classes. The county now has five school nurses, one of whom graduated from Union University.

Texas

- M. Christina R. Esperat (Lamar University) and Alicia Horn (Beaumont Independent School District) identified the health challenges of schoolchildren with special needs and obtained a $1 million grant to educate school nurses and teachers who work with these children.
- Mary Ann Hoffmans (University of Texas at Arlington) and Debbie Thomas (Durham Elementary and Intermediate School) will use what they learned at the workshop to develop learning opportunities that help prepare nursing students for entry-level positions as school nurses.
- Shirley Hutchinson (Texas Woman's University) and Joan Mahon (Clemente Martinez Elementary School) will continue to explore ways to integrate school health and community clinical experiences; to develop strategies for incorporating essential school-health content into the undergraduate curriculum; and to consider alternative arrangements for school-based clinical experiences.

Virginia

- Margaret Bassett (Radford University) and Lisa Dooley (Montgomery County Public Schools), in collaboration with the local health advisory board, received a $195,000 grant to implement "Screening and Referral by Nurses" to address children's health needs in their district.
- Christine A. Blasser (George Mason University) and Sharon G. Lanier (Fairfax County Health Department) developed a project to meet the needs of schoolchildren with asthma. The project was developed in collaboration with Inova Pediatrics Center, a large drug company and the Fairfax County Public Health Department.

- JoAnne Kirk Henry (Virginia Commonwealth University) and E. Charlene Garner (City of Richmond Public Schools) coordinate faculty, nursing students and school-based teams to provide physical examinations during school registration and to enhance the services offered by schools and community agencies, such as Communities in Schools and Richmond Urban Partnership for Academic Success.
- John Kirschgessner (University of Virginia) and Tami H. Wyatt (Henley Middle School) want to improve health education for families, schoolchildren and communities through creative instructional strategies. They are integrating instructional technology at Henley Middle School with support from a federal grant, the Technology Infusion Project. Kirschgessner and Wyatt will develop three units — substance abuse; first aid; and natural disaster and safety — of a course for schoolchildren and their families.

West Virginia

- Fredona Stenger (West Virginia University) and Marie Justiss (Monongalia County Schools and Morgantown High School) plan to strengthen the collaboration between the West Virginia University School of Nursing and school nurses in order to provide the best possible learning experiences for students and the best possible health services for schoolchildren. Stenger and Justiss are involved in a project to develop and implement wellness programs and to offer consultation services at Morgantown High School.

Appendix D.
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